



PATENT

FILE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ray Hsu

Serial No.: 09/339,340

Filed: June 23, 1999

For: System, Method and Memory Medium, for Detecting Differences Between Graphical Programs

Group Art Unit: 2764

Examiner: Unknown

Atty. Dkt.: 5150-18701

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date below:

2/24/00

Date _____

Jeffrey C. Hood

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

U.S. Patent and Trademark Office
Application Processing Division
Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir/Madam:

The official Filing Receipt received by our office on July 28, 1999 lists the Attorney's address as P.O. Box 3267, Houston, TX 77253-3267. However, the correct address is P.O. Box 398, Austin, TX 78767-0398. The name of the firm is also misspelled. It should be Conley, Rose & Tayon. Also, there should be a comma in the title between the words System and Method. In addition, the continuation information is not indicated on the filing receipt. I have provided a copy of the Filing Receipt with the changes noted thereon. Applicants respectfully request that these changes be made and a corrected Filing Receipt be issued in the above-identified application.

Respectfully submitted,

Ph. Krum

Jeffrey C Hood

Reg. No. 35,198

ATTORNEY FOR APPLICANT(S)

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FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
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RECEIVED

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/339,340	06/23/99	2764	\$2,230.00	5150-18701	11	80	8

TECH CENTER 2700

Conley

JEFFREY C HOOD

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~~P O BOX 3267~~

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~~HOUSTON TX 77253-3267~~

Austin, TX 78767-0398

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) RAY HSU, AUSTIN, TX.

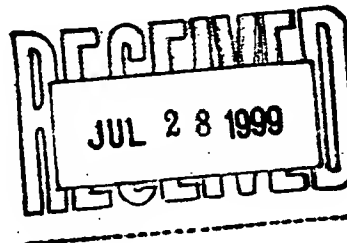
*Continuation of 08/810,262
Filed 6/6/97*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/16/99

TITLE

SYSTEM, METHOD AND MEMORY MEDIUM FOR DETECTING DIFFERENCES BETWEEN GRAPHICAL PROGRAMS

PRELIMINARY CLASS: 395



DATA ENTRY BY: DUNCAN, KIMBERLY

TEAM: 04 DATE: 07/16/99

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(See reverse for new important information)

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#3

SERIAL NUMBER 09/339,340	FILING DATE 06/23/99	CLASS 395 <u>717</u>	GROUP ART UNIT 2764	ATTORNEY DOCKET NO. 5150-18701
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APPLICANT

RAY HSU, AUSTIN, TX.

****CONTINUING DOMESTIC DATA*******
 VERIFIED THIS APPLN IS A CON OF 08/870,262 06/06/97
MSP

****371 (NAT'L STAGE) DATA*******
 VERIFIED
N/A

****FOREIGN APPLICATIONS*******
 VERIFIED
N/A

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Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 11	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 8
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Verified and Acknowledged MSP
Examiner's Initials Initials

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TITLE

SYSTEM, METHOD AND MEMORY MEDIUM FOR DETECTING DIFFERENCES BETWEEN GRAPHICAL PROGRAMS

FILING FEE RECEIVED \$2,230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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